





# WHY ALLIANCE?



Alliance for Children has guided thousands of families through their adoption journey. Why choose us?



## COMPASSION

We care about parents, both adoptive and birth, children and building happy families. We strive to build a personal connection with everyone we serve. Through tough times and joyous times, we never give up on our families.



## INTEGRITY

We tell our families everything we know and provide them with the most up-to-date information that we have available. We allow our families to make their own decisions throughout their journey while guiding them along.



## OPTIONS

Whether you plan to adopt domestically or internationally or just need a home study, you have many choices with Alliance. We will help you find the right fit for your family.



## LONGEVITY

We were incorporated in 1974 and have provided adoption services continuously for decades. Our staff has many years of experience in the field of adoption and is knowledgeable in every aspect of the adoption process.



## AVAILABILITY

Contact us anytime! We have a 24-hour emergency answering service should anything urgent come up during your adoption process.

FOR MORE INFORMATION VISIT US AT [WWW.ALLFORCHILDREN.ORG](http://WWW.ALLFORCHILDREN.ORG)

# Our Mission



***All children have a right to a permanent, loving family of their own.***

Alliance for Children is dedicated to providing high-quality, ethical social work services to advance its goal of serving the world community's waiting children. The fundamental principle underlying the work of AFC is that all children have a right to permanent, loving families of their own.



# Home Study



Every adoption begins with a home study. Alliance can complete a home study for families who live in a state in which we are licensed, which includes MA, RI, CT, NY, NJ, PA, AR, FL and TX. Our home studies are completed by caring and compassionate social workers. Our goal is for the home study process to be engaging, informative and even fun! We enjoy getting to know our families and feel honored to be a part of each family's adoption journey.

## Our Home Study Services Include:

- **International Adoption.** Alliance can complete a home study for families adopting internationally, whether you are using one of our adoption programs or another agency's program. Alliance is Hague accredited. We follow all state regulations as well as the requirements of the chosen country.
- **Domestic Adoption.** Whether you are using Alliance's domestic adoption program or another resource for your domestic adoption, Alliance can complete your home study.
- **Hosting Assessments.** Alliance for Children provides hosting assessments for families who host a child. We work with KidSave's Colombia program as well as a number of other agencies and organizations that have hosting programs throughout Europe, Asia, and Africa.
- **Home Safety Checks.** We provide home safety checks for custody situations, step-parent adoptions and a number of child welfare systems. We are a Massachusetts vendor agency through CPCS and may be able to provide expert witness testimony if needed.

## Post Placement & Post Adoption

Alliance for Children will provide you with post placement & post adoption services in accordance with the laws of your state and the country from which you adopted. Your social worker will visit with you and your child, answering any questions you may have about adoption or parenting. We want to make sure that both the parents and child are doing well and getting the support and services they may need. Our social work staff is always available to answer any questions you may have any time after your child comes home.





# DOMESTIC ADOPTION PROCESS



## APPLICATION

The first step in your adoption is submitting an application. Once your application is reviewed, we will send you a welcome packet with clear and simple instructions on how to complete your file.



## HOME STUDY

Next, you will begin your home study. If you live in one of the 9 states in which we are licensed, we can complete your home study. Otherwise, we will assist you in finding an agency in your state of residence. Upon completion of your home study, you will create your adoption profile.



## MATCH

The next step is being matched with a birth mother looking to make an adoption plan.

We will work with you to develop an individualized matching plan that fits your preferences and meets your expectations.



## PLACEMENT

Next, the baby is placed in your arms. Our staff will guide you through the placement process, including complying with state regulations and ICPC, while the birth mother receives counseling and relinquishment services.



## POST PLACEMENT

When you come home with your child, the social worker who completed your home study will visit with you and your child, answer any questions you have, and make sure everyone is adjusting well.



## FINALIZATION

Lastly, you will be assigned a court date to finalize your adoption. The time frame and process varies from state to state. Once completed, you will receive the adoption decree, and you are then officially the child's legal parents!





# INTERNATIONAL ADOPTION

## PROCESS



### APPLICATION

The first step in your adoption is submitting an application. Once your application is reviewed, we will send you a welcome packet with clear and simple instructions on how to complete your file.



### HOME STUDY

Next, you will begin your home study. If you live in one of the 9 states in which we are licensed, we can complete your home study. Otherwise, we will assist you in finding an agency in your state of residence.



### USCIS

The next step is applying to U.S. Citizen and Immigration Services, which is required in order for an adopted child to be permitted to enter the U.S. We will assist you with this process.



### DOSSIER

Next is collecting the documents that each country requires for an adoption. If you are using one of our programs, we will provide you with detailed instructions and authenticate your paperwork.



### REFERRAL

When a match is made, we will send you any information we receive about the child. We offer our families guidance and support throughout the referral process. If you decide to move forward, you will travel to the country to complete the adoption.



### POST ADOPTION

The final step is coming home with your child! The social worker who completed your home study will visit with you and your child, answer any questions you have, and make sure everyone is adjusting well.

# Domestic

## »»»»»»»»»» Adoption ««««««««««



Alliance for Children's domestic adoption program places infants born in the US with adoptive parents who are chosen by the baby's birth parent(s). Each domestic adoption is different, with some adoptive parents coming to our agency already matched, while others come to us looking for a full range of placement services.

Once your home study is complete, our staff will work with you on creating your profile, which expectant parents use to select a family. The profile will be created as both a hardcover book as well as an online profile. We will assist you in choosing appropriate content for your profile, painting a portrait of who you are and the type of life you will provide a child.

Our domestic adoption program staff will talk with you about the types of adoption situations you are comfortable with as they take the time to get to know you. Our staff will support you and answer any questions you may have along the way as you wait to be matched.

Our outreach services include targeted advertising and outreach via web, print and direct marketing done on behalf of each adoptive family. Other services are related to the matching process between expectant and adoptive families, such as an in-person assessment of case viability, a review of social and medical background of expectant parent(s) and due diligence related to expectant parent circumstances.



Once matched, our staff will guide you through the process and keep you informed of any changes or updates. Meanwhile, our domestic adoption team makes sure that all of the expectant mother's needs are being met. Together, our team makes sure that everyone is comfortable.

After the birth parents sign the consents, the last step is post placement and finalization. This process varies from state to state. Our staff is available to offer guidance and support as you begin your journey into parenthood.



# International

## »»»»»»»»»» Adoption ««««««««««



Alliance for Children is a fully-licensed, Hague accredited international adoption agency. Families living in any state may adopt through one of our international programs, and those who live in a state in which we are licensed may also have our agency complete the home study and post adoption reports.

We have been placing children internationally for over 40 years. We strive to provide all of our families with one-on-one personal attention.

Country	Wait Time	Children	Eligibility	Travel
Bulgaria	1-5 years	Children up to age 14; Sibling groups; Children with special needs.	Married heterosexual couples & single women in good health, no criminal history & at least 15 years older than the child(ren).	2 trips required, 1 week each.
Colombia	Up to 1 year	School-age children; Sibling groups; Children with special needs.	Married couples & single applicants up to age 50. Situations considered on a case-by-case basis.	1 trip of 4-6 weeks; One spouse may leave after 10 days.
Colombia Heritage Program	18-24 months	Infants, toddlers and children of all ages with or without known special needs; Sibling groups.	Married couples & single applicants of Colombian descent age 25-45 for a child up to age 4 years 11 months. Applicants over 45 considered for older children.	1 trip of 4-6 weeks; One spouse may leave after 10 days.
Hungary	Varies	Children age 3 and older; Sibling groups; Children with special needs.	Married heterosexual couples; Min. of 16 years and max. of 45 years between the adoptee and at least one parent.	1 trip of 45 -50 days.
Romania	6-9 months	Children age 4 and older; Sibling groups.	Married heterosexual couples & single women 25-55 years old. One parent must hold a Romanian passport.	2-3 trips. First trip is 30 days; Second trip is 2-3 weeks or 2 shorter trips.
Vietnam	Varies	Children under age 5 with special needs; Children over age 5 with no known special needs; Sibling groups.	Married heterosexual couples & single women age 25-55 with no more than 4 children in the home. Must be 20 years older than the child. Health condition & arrest record reviewed on a case-by-case basis.	1 trip, 2 weeks long.

**US Providers:** Adoption Star; International Family Services. **Foreign Providers:** Bulgaria: New Beginnings NGO. Colombia: Oscar Abril; Helena de Olea; Gabriel Rojas. Hungary: Iren Kantor, MD; Rita Kardos; Laszlo Varadi. Romania: Victoria Illescu. Vietnam: Hanh Nguyen

# Alliance for Children

## Main Office

292 Reservoir St. Suite 101  
Needham, MA 02494

## Licensed In:

Massachusetts  
New York  
New Jersey  
Rhode Island  
Connecticut  
Pennsylvania  
Florida  
Texas  
Arkansas

(781) 444-7148

[www.allforchildren.org](http://www.allforchildren.org)

[info@allforchildren.org](mailto:info@allforchildren.org)

## About Us

Our adoption agency has been creating families in the US and around the globe since 1974. We are advocates for children, birth parents and adoptive families. We believe that all children have a right to a permanent, loving family of their very own.



National Council  
For Adoption

*Additional information about  
placements, applications, home  
studies and waiting children*

*for the past three years is available  
upon request.*



INTERCOUNTRY ADOPTION ACCREDITED AGENCY

*Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, sex, marital status, sexual orientation, gender identity, gender expression, or any other characteristic that is legally protected*

[WWW.ALLFORCHILDREN.ORG](http://WWW.ALLFORCHILDREN.ORG)



**ALLIANCE FOR CHILDREN  
INTERNATIONAL ADOPTION SERVICE AGREEMENT**

SAMPLE

This agreement, dated \_\_\_\_\_, is between Alliance for Children, Inc., (“AFC”) a fully licensed Hague accredited international nonprofit adoption agency, and \_\_\_\_\_, (“Prospective Adoptive Parent(s) or PAPs”) who are requesting services in order to adopt a child internationally.

**Home Study and Post-Placement/Post-Adoption Services:**

1. Prospective Adoptive Parent (PAPs) shall complete and receive an approved home study that is in compliance with all applicable federal and state statutes, rules, and regulations.
2. AFC will perform the home study if the PAPs reside in a state where AFC is licensed to provide this service.
3. If the PAPs do not reside in one of these states, they will contract with another licensed adoption service provider to perform a home study. In this case, AFC will be the Primary Provider and the other service provider will be the Supervised or Exempted Provider. AFC must approve all home study providers prior to PAPs beginning a home study process.
  - a. If the other agency will be an Exempted Provider, AFC’s Office Operations Manager or their designee sends the agency an Exempted Provider Agreement and a request for supporting documents, such as a valid license in the PAPs’ state of residence and a Hague accreditation certificate. Once the proposed Exempted Provider agency returns a signed copy, the Clinical Director reviews the agreement and documents. If approved, the Clinical Director co-signs the agreement and sends it back to the Exempted Provider agency. Then home study services can begin.
  - b. If the other agency will be a Supervised Provider, AFC’s Office Operations Manager or their designee sends the agency a Supervised Provider Agreement, a request for supporting documents, such as a valid license and liability insurance and a 10-year complaint history, and a set of AFC policies, such as compensation, prohibiting payment, training, waivers and complaints, to review and sign. Once the proposed Supervised Provider agency returns a signed copy, the Clinical Director reviews the agreement and documents. If approved, the Clinical Director co-signs the agreement and sends it back to the Supervised Provider agency. Then home study services can begin.
4. AFC will review and approve all home studies that have been performed by other service providers. PAPs will be responsible for payment of a Home Study Review Fee, as stated in AFC’s Explanation of Fees
5. Home Study Services (when PAPs reside in a state where Alliance is licensed to complete home studies):
  - a. Perform and complete a home study that is in compliance with all applicable federal and state statutes, rules, and regulations.
  - b. Guide PAPs through the process in a professional manner, offering support, education, information, and insight, providing a thorough understanding of adoption and adoption-related issues.
  - c. Provide additional services as needed; the cost for additional services is outlined in the Explanation of Fees.
5. Agency Home Study Review Services when PAPs reside in a state where AFC does not provide home Study services:
  - a. Pre-approve the Supervised or Exempted Provider Agency and enter into an agreement with AFC who will serve as the Primary Provider and the other agency will serve as the Supervised or Exempted Provider.
  - b. Review and approve the home study prior to completion to ensure that it is in compliance with all state, federal, country, and program rules, regulations, and requirements. The PAPs will pay the Supervised or Exempted Provider for the home study and will pay AFC for Home Study.

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Review services as outlined in the Explanation of Fees.

#### Adoption Services

##### AFC Duties During the Adoption Process

1. Work with the PAPs in preparing, organizing, and submitting a dossier for an intercountry adoption.
2. Monitor the adoption process in the foreign country and maintain ongoing communication with the PAPs and the services providers, entities, Central Authorities, Public Domestic Authorities, etc.
3. Represent, arrange for or facilitate representation of the PAPs for an intercountry adoption process.
4. Once a potential referral has been identified, present the information to the PAPs, forward any requests for additional information and provide any answers as available.
5. Work on behalf of the PAPs and assist them in completing an international adoption.
6. Treat PAPs in a collaborative and respectful manner.

##### PAPs' Duties During the Adoption Process.

Any duties not expressly listed above as being provided by AFC shall be the responsibility of the PAPs. The PAPs agree that they will undertake all steps necessary, for the adoption of the child(ren), including, without limitation, the following duties:

1. Complete Parent Education and Training as required;
2. Obtain all materials and complete their dossier for submission to the foreign country as instructed by AFC
3. Submit/complete/pay for a USCIS process to receive approval to adopt a child internationally and to allow their adopted child to enter the U.S.;
4. Pay all fees as stated in the Explanation of Fees;
5. Follow all of the rules and regulations regarding an international adoption from the child's country of birth
6. Advise AFC if there is any change in circumstances from the time their home study report is completed through the finalization of the adoption, including, but not limited to a change of residence, pregnancy or the addition of another child or adult to their home, loss of income, serious illness, arrest, psychiatric illness, alcoholism, drug addiction, child abuse complaint and/or marital discord, including divorce or separation;
7. Act in a courteous and respectful manner toward U.S. and Foreign authorities or AFC staff, coordinators and representatives. Any such action shall be deemed to be a breach of this Agreement and shall constitute cause for termination. In the sole professional discretion of AFC to serve the best interest of a child, AFC may require additional counseling, testing, education and approval(s) at any time prior to placement.

##### Parental Discretion

The PAPs have the absolute discretion to request that the child referred to them for the opportunity of adoption is within certain parameters, subject to certain limitations.

1. PAPs may specify the race and ethnicity of the child they would like to adopt but not the skin tone. For example, while they may request to adopt a Hispanic child, they may not request a "light-skinned" Hispanic child.
2. If PAPs request that a child be "healthy," that this requirement be subject to their understanding of the risks involved in an international adoption. The PAPs understand that AFC cannot guarantee the health of a child or the accuracy of medical information provided on a child; AFC only guarantees that the PAPs will be given any information that the agency receives. They further understand that any child who resides in an institution will experience certain heightened health risks and delays whose long-term impact is impossible to predict.
3. If PAPs request that a child be within a certain age range, this age range will be at the time of and not at the time of placement. The PAPs understand that a case may take longer to process in a foreign court system than was predicted. In addition, an exact age may not be known for a child who had been abandoned. Therefore, a child may be older at the time of placement than expected.
4. The PAPs retain the absolute discretion to accept the opportunity to adopt that child, or to decline such opportunity, subject to certain limitations. Specifically, any decision to decline must be based upon the PAPs reasonable evaluation of the child(ren) and cannot be based on arbitrary factors. PAPs may decline a



referral based on a medical evaluation by a medical specialist. PAPs may not decline a referral based on arbitrary reasons including, without limitation, skin tone/hair/eye color or perceived attractiveness.

5. PAPs have fourteen (14) days in which to make a decision about whether to accept or decline a referral. During those 14 days, AFC urges PAPs to speak with a pediatrician and/or specialist who is knowledgeable about international adoptions. The program coordinator is available to answer questions. If the PAPs seeks additional information, the program coordinator will forward information requests on to our team in the foreign country. Additional information may or may not be available. If additional information cannot be obtained, PAPs may need to make a decision, regardless of what information is or is not available.

#### PAPs Duties Following the Adoption Process.

The PAPs understand that it is a difficult decision for any country to allow its orphaned children to leave their homeland and be adopted internationally. These countries deserve not only our gratitude, but also our respect. Post-placement/Post-Adoption reports and photos provide clear and irrefutable evidence that *adoption is a positive solution for children who lack permanent families to find loving homes.*

1. PAPs agree to provide post-placement or post-adoption reports (whichever applies to their situation) under the requirements of the child's country of birth:
  - a. Bulgaria: 6, 12, 18 and 24 months after adoption
  - b. Colombia: 3, 9, 15 and 21 months after adoption
  - c. Hungary: 2 and 12 months after adoption
  - d. Romania: 4, 8, 12, 16, 20 and 24 months after adoption
  - e. Vietnam: 3 and 6 months after adoption
2. PAPs' failure to comply with their post-placement or post-adoption obligations could interfere with the child's health and welfare and jeopardize the ability of other children from the foreign country from which the PAPs adopt to find homes with families abroad. The PAPs' failure to comply (a) will result in immediate and irreparable harm and/or damage to AFC, and (b) entitles AFC to an immediate ex parte injunction and/or specific performance ordering the PAPs' compliance with the request for documentation, with all legal fees and expenses resulting from such action to be the PAPs' responsibility.
  - a. If AFC performed the home study, then AFC will provide the post-placement or post-adoption services.
  - b. If an Exempted or Supervised Provider performed the home study, then that agency will provide the post-placement or post-adoption services.
3. The PAPs agree to comply with any and all requests by either the foreign adoption officials, state and federal government, or AFC to provide required post-placement reports or post-adoption reports (as applicable), to register the adoption with the foreign Embassy/Consulate in the U.S./Consulate in the PAPs' country, or to perform other follow-up processes as requested.
4. At the completion of the Child(ren)'s adoption PAPs are solely responsible for the care and treatment of the Child(ren). PAPs acknowledge that not every impairment or condition is or can be identifiable or observable at the time the Child(ren) is identified for adoption. PAPs have reviewed the Disclosure of Risks and are aware of the risks inherent in the international adoption process. PAPs have made the decision to adopt the Child(ren) independent of any representations or information that AFC or those other organizations with whom AFC works have provided, and PAPs accept and assume the risk that there may be undiagnosed impairments, conditions or issues. PAPs represent and warrant that they are of sound mental and physical health, are not subject to any physical or mental condition or illness, and are not taking any medication or other substance that would in any way inhibit or impair their ability to parent or to make an informed, rational decision to adopt the Child(ren) without undue influence from any other person or party.
5. Post-Placement/Post-Adoption Difficulties
  - a. When a placement is in crisis, AFC staff will provide or recommend counseling by an individual who has the appropriate skills to assist the family.

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- b. If counseling does not succeed in resolving the crisis and the placement is disrupted or dissolved, AFC will seek out an alternative placement; the PAPs agree and acknowledge:
- PAPs will have financial responsibility for all costs related to the care of the child until the child is re-placed;
  - In the case of a dissolution, after the adoption has been completed, PAPs will have legal responsibility until they surrender their legal rights to AFC;
  - In the case of a disruption while the PAPs and the child are still in the child's country of birth, the child will return to the care and custody of the entity that had care and custody of the child before placement. In the case of a disruption after arriving in the US and before the adoption has been finalized, AFC will have legal custody until the child is placed with another family and that family finalizes the adoption;
  - AFC will be responsible for transferring custody in an emergency or in the case of impending disruption and for the arranging for the care of the child;
  - Neither AFC nor the adoptive family will return a child to his/her country of origin unless the Central Authority of that country and the Secretary have approved the return in writing. This decision will ONLY be proposed if it is determined to be in the best interest of the child;
  - The child's wishes, age, length of time in the United States and other pertinent factors will be taken into account when considering a post-disruption/post-dissolution plan;
  - AFC will notify the Central Authority of the child's country of origin and the Secretary in writing of the disruption or dissolution.

Travel.

- The PAPs understand that all arrangements and changes to travel are their sole responsibility and AFC will not be responsible for any rescheduling penalties due to changes, errors or omissions. PAPs agree to travel to the foreign country on the date(s) provided by AFC. Because of the unpredictable nature of programs, PAPs may be required to stay longer in country than expected. Failure to comply with this requirement could jeopardize their adoption process.
- The PAPs hereby assume all obligations to pay any and all expenses related to travel, including, without limitation, airfare, lodging, transportation and meals, and further hereby agree to make such payments directly to travel agents, airlines, hotels, restaurants and other carriers, as applicable. To the extent that AFC has provided families with an estimate of the travel expenses, this estimate is intended to be a guideline only for the convenience of the Adoptive Parent(s). The costs of airline tickets or other travel arrangements could change at any time, and AFC assumes no liability if the actual cost of any of the expenses estimated therein exceeds the estimated amount. PAPs hereby agree to hold AFC harmless in the event that the travel expenses exceed the estimate of expenses.
- The PAPs further agree to assume the financial risk, and therefore, to pay any additional expenses, relating to changes to their itinerary for any reason, as well as for lost tickets and other documentation required to travel. AFC hereby advises the PAPs to purchase changeable tickets for all travel relating to the adoption process.
- The PAPs agree to hold AFC harmless for the cost of all travel expenses incurred for any reason whatsoever. AFC hereby disclaims liability to the Adoptive Parent(s) for any and all travel.

12. Modification and Waiver.

Neither this Agreement nor any provision hereof shall be amended or modified or deemed to be amended or modified, except by an agreement in writing duly subscribed and acknowledged with the same formality as this Agreement. Any waiver by any party of any provision of this Agreement or any right or obligation hereunder shall not be controlling, nor shall it prevent or stop such party from thereafter enforcing such provision, right or obligation. The failure of any party to insist in any one or more instances upon the strict performance of any of the terms or provisions of this Agreement by any other party shall not be construed as a waiver or relinquishment for the future of any such term or provision, but the same shall continue in full force and effect. Notwithstanding any rule of construction or statute to the contrary, this Agreement shall not be construed against the drafter.

Governing Law/Choice of Forum.

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This Agreement and the rights and obligations of the parties hereunder shall be construed, governed and interpreted in accordance with the laws of the Commonwealth of Massachusetts without reference to its conflict of laws principles. In the event of any controversy, claim or dispute between the Adoptive Parents and AFC arising in any manner whatsoever from this Agreement or the relationship between the Adoptive Parents and AFC, such controversy, claim or dispute shall be brought solely in a state or federal court located in the Commonwealth of Massachusetts. The Adoptive Parent(s) hereby waive any objection and irrevocably consent to the jurisdiction and venue of said Court.

#### Termination.

AFC retains the right to terminate this Agreement effective immediately upon written notice if it learns that any of the information that the PAPs provided to AFC or the AFC or social worker who approved the home study is false, materially misleading or changed substantially since the home study report was approved. AFC retains absolute discretion to terminate the Agreement upon learning of the false or misleading information provided by the PAPs. Changed circumstances that may constitute cause for termination include, without limitation, (i) loss of income such that PAPs are unable to afford another dependent or the cost of adoption; (ii) health of one or both Adoptive Parent(s) would place the secure future of the child in jeopardy; (iii) arrest (iv) change in home location or condition such that the housing becomes unsuitable for the safety and well-being of the child; (v) psychiatric illness of one of the PAPs (vi) alcoholism or drug addiction (vii) child abuse complaint filed against one or both of the PAPs; (ix) marital discord, including, without limitation, divorce or separation of the PAPs.

To the extent AFC has reason to believe that representation of the PAPs do not serve the best interest of a child, AFC retains the right to terminate this Agreement at its sole discretion. AFC reserves the right to terminate this contractual relationship with the PAPs if, at any point in the adoption process, AFC believes the PAPs act in a manner which, in judgment of the agency, give rise to reservations regarding the prospective adoptive parents preparedness to parent an internationally adopted child.

#### Limitation of Liability

The PAPs agree that in the event a claim or cause of action not precluded by this Agreement under no circumstances shall the liability of AFC exceed the total of payments made to AFC from the PAPs.

#### Waiver of Jury Trial.

The PAPs hereby waive their right to trial by jury in any action, suit or proceeding arising under this Agreement, or relating to the services provided under this Agreement.

#### Mandatory Binding Arbitration.

Subject to the exceptions set forth in section (c) below, any controversy, dispute or claim arising out of or relating to this Agreement, or the breach thereof, shall be resolved by mandatory, binding arbitration administered by the American Arbitration Association (“AAA”) under its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. This means that by executing this Agreement, **each party hereto is waiving its respective rights to assert or defend any dispute under the Agreement at a court hearing, and further waives the right to resolution of such dispute by a judge or by a jury trial.**

#### Exceptions.

The following are the sole exceptions to paragraphs above:

1. Matters in dispute with a value of \$2500.00 or less may be heard by the Small Claims Court division of the appropriate local court;
2. Fraud or gross negligence on the part of AFC;
3. To the extent the Adoptive Parents fail to honor the post-placement/post-adoption obligations set forth above, AFC may pursue all legal action necessary to force compliance with the post-placement requirements, including, without limitation, an action for specific performance or injunctive relief in the Probate Court.

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4. All disputes heard in arbitration will be resolved by a neutral arbitrator. You are entitled to a fair hearing, but the arbitration procedures are generally simpler and more limited than rules of court. However, **arbitrator decisions are as enforceable as any court order and are subject to very limited review by a court.** Each party will have an equal voice in selecting the arbitrator(s) proposed by the AAA and will split fees and costs incurred evenly. To the extent the controversy referred to the AAA for arbitration can be considered on an expedited basis and or any dispute and/or hearing can be held without an in-person hearing, (i.e. by telephone, by written memoranda, or otherwise), the parties hereby consent to implement such rules.

For more information about arbitration procedures and rules, please consult the American Arbitration Association website at <https://www.adr.org>, or contact the following:

American Arbitration Association, Customer Service Center

335 Madison Avenue, Floor 10

New York, New York 10017-4605

212-716-5870 Fax: 212-716-5907

Toll Free: 1-800-778-7879

Email: [Websitemail@adr.org](mailto:Websitemail@adr.org)

Each party hereto has had a chance to discuss this provision with an attorney and has made knowing and voluntary decision to select arbitration for resolution of disputes covered by this Agreement.

Full Disclosure.

All parties acknowledge that this is a fair agreement and that it is not the result of any fraud, duress or undue influence exercised by any party upon any other or by any other person or persons upon any party.

Severability.

In the event that any provision of this Agreement should be held to be contrary to, or invalid under, the law of any country, state or other jurisdiction, such illegality or invalidity shall not affect in any way any other provision hereof, all of which shall continue, nevertheless, in full force and effect in any country, state or jurisdiction in which such provision is legal and valid.

Independent Covenants.

Each of the respective rights and obligation of the parties hereunder shall be deemed independent and may be enforced independently, irrespective of any of the other rights and obligation set forth herein.

Headings.

Headings are inserted for the convenience of the parties only and shall not be attributed with any substantive meaning for purposes of interpreting this Agreement.

Entire Understanding.

This Agreement contains the entire understanding of the parties, who hereby acknowledge that there have been and are no representations, warranties, covenants or understanding other than those expressly set forth herein and that the parties have not entered into this Agreement in reliance upon any provision or understanding not expressly contained herein.

Independent Legal Advice.

AFC encourages the PAPs to retain independent legal counsel both for the review of this Agreement and its Attachments and to advise the PAPs on what, if any, steps are required in their home state for recognition of the foreign adoption decree. Further, as an international adoption agency, it is the primary responsibility of AFC to find families for children, not children for families. AFC must represent the best interest of the child at all times. To the extent that the PAPs determine that a conflict of interest with these goals should arise, PAPs understand that they have the option to consult with independent legal counsel at their own expense.

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SAMPLE



## Assumption Of Risks And Waiver And Release Of All Claims

The undersigned PAPs have requested that AFC, a non-profit adoption agency, provide home study and/or placement services for an intercountry adoption. AFC has agreed to work with the PAPs regarding an adoption. PAPs understand the risks, uncertainties and realities associated with international adoption and have assessed their ability to handle these risks and realities. AFC does not have control over many aspects of the adoption process and, therefore, cannot guarantee a successful outcome. The risks of pursuing an intercountry adoption are many, including but not limited to the following:

1. Time delays at various stages of the process which may include the possibility of having to extend your stay in the foreign country. It is anticipated that the complete length of stay for the PAPs in the foreign country will likely range anywhere from a few days to several weeks. Some programs may require two to three trips to adopt the child. AFC cannot guarantee that the estimated timetable can be met precisely. Travel time may be extended or delayed for a number of reasons such as strikes in the foreign offices, illnesses or vacations of foreign government authorities, holidays in the foreign country, requirements imposed by the courts, etc. One case may process at a different rate from another. The length of stay may vary from the estimate given by AFC at the beginning of the process;
2. Delays or difficulties in communication with the foreign country cooperating resource;
3. Changing requirements (sometimes in mid-stream) of our government or the foreign country which may delay or preclude the adoption from being completed; Countries that permit international adoption programs as a means to find families for children often need to rely on this option due to volatile political and/or social conditions and lack of financial/economic resources. These same conditions may impact the international process itself;
4. Suspension in the adoption process. The political and social climate abroad may change at any time in ways that negatively impact the adoption of children by citizens of other countries, either directly or through a change in International relations. AFC will stay abreast of political developments and keep PAPs advised to the best of its ability. However, AFC cannot guarantee that foreign countries will continue to permit the adoption of children by United States citizens or citizens of other countries;
5. Documents of the prospective adoptive family may not be approved or may be deemed to be incomplete by the authorities in the foreign country; A successful adoption of any child from abroad is ultimately dependent upon the approval by the governmental and judicial officials of that country. The approval of the PAPs' adoption lies solely within the discretion of the governmental and judicial officials of the foreign country. AFC will make diligent efforts to advise PAPs about the government's goals for PAPs who adopt children from their country, and to advocate appropriately for the PAPs' candidacy. However, AFC cannot guarantee that the foreign officials will approve any PAP family;
6. Changes which may necessitate the preparation of additional or another set of documents;
7. Travel arrangements may have to be changed with little notice;
8. Child's complete family background, birth and medical history may be unavailable, incomplete or inaccurate;
9. Child's reported age may be inaccurate or unknown;
10. Progress reports during the process may not be available or may not be detailed;
11. Failure of an assignment: Occasionally a child may be assigned to PAPs and then may no longer be available for intercountry adoption;
12. During the course of an adoption process it may be discovered that the child has additional health problems or passes away;
13. Adoption laws and procedures of the foreign country or the United States may change, close or get suspended. AFC cannot control whether changes in laws and procedures may prevent or delay the adoption of a child from any country, or may require preparation, submission and approval of additional or modified documentation. AFC will make every effort to stay abreast of political developments and to keep PAPs informed of changes as they occur;
14. The people involved in the adoption process will be from multiple cultures and their primary language may not be English. While AFC will make diligent efforts to minimize these issues impacting an adoption, the possibility exists for language misinterpretation, cultural or custom differences, and miscommunications;

Applicant's Initials \_\_\_\_\_

Applicant's Initials \_\_\_\_\_

SAMPLE

15. An adoption case can be impacted by events such as war, man-made disasters, natural disasters, or health emergencies. These events are outside the control of AFC but could impact the length of time to complete an adoption case, or the ability to complete it at all.

By signing this agreement, PAPs acknowledge that there are conditions which exist which are outside of the control of AFC and expressly assume the risk of such conditions including but not limited to any additional costs and/or expenses associated with such risks.

PAPs acknowledge that, despite AFC's and/or its staff, employees, providers and agents' sincere efforts, travel to and within foreign countries involve risks of accidental death or injury, intentional crimes, property damage or loss, trip interruptions or cancellation, civil unrest, illness, medical emergencies, a need for medical evacuation and a range of other potential problems that could involve economic losses, pain and suffering, or other injuries or damage that could affect us or the child/children.

PAPs understand that, although AFC approves them for adoption, this placement must be approved by foreign contacts, agents, officials, overseas courts and officials in the American Embassy in the child's country of origin. These entities, contacts, agents and officials are independent from AFC. AFC cannot control or guarantee the performance, action or decisions of these independent entities or individuals. Therefore, we acknowledge that AFC cannot guarantee completion of this adoption.

AFC will provide PAPs with all of the medical and social information that the agency receives. However, information concerning a prospective adoptive child may be incomplete or inaccurate. In addition, information may not be current. Furthermore, medical or developmental testing or evaluation in foreign countries may not be as advanced or as sophisticated as in the United States. Medical, psychological, emotional and developmental problems may be undetected, undiagnosed, misdiagnosed or misstated. Therefore, PAPs must be aware of and be willing to undertake risks in connection with the adoption of a child born in a foreign country. PAPs acknowledge the medical, social and developmental risks which include but are not limited to the following:

Abuse (physical, psychological, emotional & sexual)	Fetal Alcohol Syndrome	Additional undisclosed, unreported, undetected, or undiagnosed conditions/disorders
Adjustment Disorders	Intestinal Parasitic Infections	
Autism	Lactose Intolerance	Vitamin Deficiency
Chronic infections	Learning Disabilities	
Complications of Prematurity	Permanent Disabilities	
Cytomegalovirus (CMV)	Pneumonia	
Decayed Teeth	Respiratory Problems	
Delayed Development	Rickets	
Developmental Disabilities	Scabies/Lice	
Depression	Salmonella	
Drug Exposure	Anemia	
Eating Disorders	Syphilis	
Effects of Institutionalization	Attachment Disorders	
Exposure of Nuclear Contamination	Tuberculosis	
Hepatitis A, B & C	Undiagnosed Genetic Problems	
HIV/AIDS	Vision/Hearing/Speech Problems	

In signing below PAPs acknowledge that there may be additional risks besides those mentioned above. PAPs further acknowledge that AFC cannot give medical advice, predict health issues or interpret medical data. While AFC attempts to obtain comprehensive and accurate medical and developmental information, such records and information is not always available or provided by the foreign resources or governmental authorities nor can AFC vouch for the accuracy of the medical information received. PAPs understand it is their responsibility to educate

Applicant's Initials \_\_\_\_\_

Applicant's Initials \_\_\_\_\_

themselves through their own medical resources and to consult with medical experts as to any concerns or health issues they may have concerning the child/ren to be adopted.

PAPs further acknowledge that AFC has no responsibility, financial or otherwise, toward the PAPs or Child(ren) in the event of any disability, impairment, condition, issue, and/or illness and agree to hold AFC harmless should any impairment, disability, condition, illness or issue be present currently or arise in the future.

Adoption Contingencies/Allocation of Risk/Hold Harmless.

The PAPs hereby agree to waive liability against, and hold harmless ,AFC and its successors, officers, directors, employees, owners, agents, volunteers, attorneys, representatives and corporate affiliates (collectively, the “Released Parties”), and to fully and forever release the Released Parties from any and all actions, causes of action, suits, debts, accounts, liability, damages, attorney's fees, claims, counterclaims, and demands whatsoever, whether arising in contract or in tort, including claims for negligence, and whether in law or in equity, which the PAPs had, now have, or hereafter can, shall, or may have for, upon, or by reason of any matter, cause, or thing whatsoever arising out of or relating to an International Adoption Risk. The PAPs further agree to indemnify each of the Released Parties for any claims, costs, damages, or expenses incurred relating to, or arising from, the occurrence of an International Adoption Risk, including without limitation, unknown medical conditions of the Child(ren).

All hold harmless and other provisions contained in this Paragraph and elsewhere in the Agreement, to be construed to have the broadest meaning permitted by law. Where apparent conflicts exist, the provisions are to be harmonized to provide maximum protection from liability to the Released Parties. Any duplication found in the Agreement shall not be cause to strike or nullify one provision in favor of another.

PAPs acknowledge that they have been fully informed about the risks inherent in international adoption.

\_\_\_\_\_  
Applicant, Printed

\_\_\_\_\_  
Applicant, Printed

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date

SAMPLE

\_\_\_\_\_  
AFC Representative

\_\_\_\_\_  
Date

State of: \_\_\_\_\_ County of: \_\_\_\_\_.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires on: \_\_\_\_\_





## **Complaint/Grievance Policies and Procedures (Hague Regulation 96.41(a))**

Alliance for Children aims to provide high quality services. If there are any concerns about programs or services, we ask that families contact this office to discuss them. It is our hope and intention to resolve any problems that may come up.

AFC permits any birth parent, prospective adoptive parent, adoptive parent, or adoptee (each a “complainant”) to lodge a complaint or appeal about any services or activities of AFC and/or its collaborative providers that such person believes are inconsistent with the Hague Convention, Intercountry Adoption Act of 2000, Hague Regulations, the Universal Accreditation Act of 2013, State, Federal, or Country laws, rules, or regulations, or standard adoption policy and practice, and advises them of the procedures that are available to them if they are dissatisfied with the agency’s response.

AFC does not discourage anyone from filing a complaint or a grievance or retaliate against anyone who does. AFC believes that gaining a better understanding of difficulties individuals and families face may serve a dual purpose: 1) it helps agency staff to appreciate the position of a client/consumer, thereby developing a greater understanding of the stresses and frustrations that sometimes accompany an adoption process and creating a deeper level of insight and compassion; and 2) brings problem areas into greater focus and allows for problem-solving efforts to address them. While a conflict between two parties is sometimes difficult, the resolution creates an opportunity for growth.

The agency ensures that no one is discouraged from or is penalized for filing a complaint by 1) proactively fostering an agency culture in which raising concerns is valued 2) providing multiple ways to file a complaint 3) monitoring of a complainant’s process by a member of the management team after a complaint has been filed to ensure that their process proceeds in exactly the same way as anyone who has not filed a complaint 4) providing corrective or disciplinary action should evidence be found of someone being penalized for having filed a complaint 5) welcoming feedback at any time so that minor issues might be rectified before they become formal complaints.

AFC’s Complaint Procedures include:

1. AFC’s administrative staff provide a copy of the Complaint (Grievance) Policies and Procedures to prospective adoptive parent(s) at the time they sign a service agreement. A copy of the complaint procedure is also posted on the Agency’s website.
2. Any complaint made to the agency should be made by submitting a written, signed and dated description of the basis for Complaint to AFC’s Executive Director. If the

Complaint is related to the Executive Director, the written description of the basis of the Complaint should be made to the Board of Directors. A hearing date will be set within 21 days of receipt of a complaint and will take place within 30 days of it being received. AFC will immediately investigate the facts of the complaint and respond to each complaint in writing within 30 days. This investigation will include:

- a. Written acknowledgement that a complaint has been received
  - b. An individual interview with each party, client and staff member
  - c. A thorough review of the file, including all documents, paperwork and case notes
  - d. A joint meeting with all parties present, either in person or via conference call/video conference
  - e. A written response, notifying the complainant of our findings and any actions the agency has taken in regard to the complaint
  - f. If applicable, changes are made to agency practices to address gaps or imperfections in delivery of services
3. If the complaint is time sensitive or involves allegations of fraud, the investigation will be expedited and will be completed within 72 hours.
4. The matter will be heard by the Executive Director and a staff member who has not been directly involved in the case, in order to assure a fair and impartial hearing. If the Executive Director is involved in the complaint, the matter will be heard by two members of the Board of Directors instead.
5. A written decision shall be rendered within 30 days of the hearing and will be sent to the complainants, along with a copy of the written appeal process, in their native language.
6. If the complainant is not satisfied with the results of the hearing, an appeal may be initiated. The appeal request must be submitted in writing, stating the grounds for the appeal, and must be submitted within 21 days following the decision.
7. An appeal date must take place within 28 days of receiving the request for an appeal. One member of the Board of Directors and two staff members who have not worked directly with the complainant(s) or two members of the Board of Directors will hear the appeal.
8. A written decision regarding the appeal will be rendered within 21 days and will be sent to the complainant(s) in their native language.
9. A complaint may be filed with state licensing authorities and accrediting entities at any time.
10. If necessary, AFC will solicit the services of an independent, impartial person or entity to investigate the complaint.
11. AFC maintains a written record of each complaint. AFC also details the steps involved in investigating and responding to it. The complaint, as well as all steps taken to remedy and/or address the allegations and concerns, are available to the agency's state licensing authorities and the entity/organization assigned to accredit the agency.

12. To the extent that AFC agrees to take certain action(s) to resolve a complaint, AFC must take such actions within 30 days of agreeing to the plan.
13. If a complainant is dissatisfied with the response to the complaint, the complainant may appeal the decision by writing to President of the Board of Directors.
14. The Board of Directors responds to the complaint within 15 days.
15. Complaints may be filed with the following:
  - Department of State Hague Complaint Registry:  
[http://adoption.state.gov/hague\\_convention/agency\\_accreditation/complaints.php](http://adoption.state.gov/hague_convention/agency_accreditation/complaints.php)
  - Accrediting Entity: IAAME: <https://www.iaame.net/report-a-concern/>
  - Arkansas: <https://humanservices.arkansas.gov/about-dhs/dms/passe-ombudsman>
  - Connecticut: <https://portal.ct.gov/DCF/OCR/Home>
  - Florida: <https://portal.ct.gov/DCF/OCR/Home>
  - Massachusetts: <http://www.mass.gov/eohhs/gov/departments/dcf/dcf-ombudsman.html>
  - New Jersey: <https://www.nj.gov/dcf/about/divisions/oa/>
  - New York: [http://ocfs.ny.gov/main/regionaloffices\\_main.asp](http://ocfs.ny.gov/main/regionaloffices_main.asp)
  - Pennsylvania: <https://www.dhs.pa.gov/Services/Assistance/Pages/Regional-OCYF-Offices.aspx>
  - Rhode Island: <http://www.child-advocate.ri.gov/index.php>
  - Texas: [https://www.dfps.state.tx.us/Contact\\_Us/Questions\\_and\\_Complaints/OCR.asp](https://www.dfps.state.tx.us/Contact_Us/Questions_and_Complaints/OCR.asp)

A copy of the complaint and grievance procedure will be made available to anyone who requests it. A signed acknowledgment of the receipt of the complaint procedure shall be maintained in case files. The agency shall maintain written records of all decisions resulting from complaints, grievances, and appeal procedures.





## **Alliance for Children**

### **Adoption Program Application for New York Families**

*Please return this application with original signatures, a nonrefundable fee of \$300, and two recent photos (not passport) to:*

**Alliance for Children  
292 Reservoir St., Suite 101  
Needham, MA 02494  
(781-444-7148)**

Thank you for your interest in applying to Alliance for Children! This application is specifically for residents of New York and it includes a State of New York application form as well as additional information required by Alliance for Children in order to complete your application process.

This application form is comprised of Part 1 and Part 2. Each prospective adoptive parent must complete and sign separate Part 1 forms, so two forms are attached. Please complete Part 2 together.

Single applicants should complete Part 1 and then proceed to Part 2, page 1.

***Please note that each applicant must sign page 5 of Part 1 as well as Part 2, page 7. This entire form must be returned to Alliance for Children with original signatures.***

Should you have any questions about completing the application you may call our office at the above number or send an email to [lcullinane@allforchildren.org](mailto:lcullinane@allforchildren.org)

**We look forward to working with you!**

NEW YORK STATE  
 OFFICE OF CHILDREN AND FAMILY SERVICES  
**ADOPTIVE PARENT APPLICATION**  
**ADOPTION ONLY**

**Instructions:**

**Applicant(s):** Each applicant must complete a separate application form. The home finder/agency worker will notify the applicant if supporting documentation is required.

APPLICANT INFORMATION							
NAME OF APPLICANT:							
LAST, FIRST, MIDDLE INITIAL:							
DATE OF BIRTH: / /		SOCIAL SECURITY NUMBER: - -		EMAIL ADDRESS:			
PHONE CONTACT INFORMATION: HOME PHONE: ( ) - <input type="checkbox"/> N/A CELL PHONE: ( ) - <input type="checkbox"/> N/A							
CURRENT ADDRESS:							
CITY:				STATE:		ZIP CODE:	
HOW LONG HAVE YOU: <input type="checkbox"/> Owned <input type="checkbox"/> Rented				SCHOOL DISTRICT:			
<b>MARITAL STATUS:</b>		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Separated <input type="checkbox"/> Couple living together					
DEMOGRAPHICS <sup>1</sup>							
<b>SEX:</b> <sup>2</sup> <input type="checkbox"/> Female <input type="checkbox"/> Male							
<b>WHAT ARE YOUR PRONOUNS?</b> <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other							
<b>GENDER IDENTITY:</b> <sup>3</sup> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Other/Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer							
<b>SEXUAL ORIENTATION:</b> <sup>4</sup> <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other/Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer							
RACE:		ETHNICITY:			RELIGIOUS AFFILIATION:		
LANGUAGES SPOKEN:							
<b>NATIVE AMERICAN?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, tribal/nation affiliation:</i>							
HOUSEHOLD MEMBER INFORMATION *Social Security Number (SSN) is required for all household members 18 years of age or older.							
<input type="checkbox"/> N/A							
	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME
DATE OF BIRTH	/ /	/ /	/ /	/ /	/ /	/ /	/ /
RELATIONSHIP TO APPLICANT							
RELIGION							
SEX							

<sup>1</sup> Applicant has the right to decline to answer questions in this section without any impact to their application.

<sup>2</sup> "Sex" refers to a person's biological and physiological characteristics.

<sup>3</sup> "Gender Identity" refers to a person's internal sense of themselves, regardless of anatomy.

<sup>4</sup> "Sexual Orientation" refers to a person's emotional, romantic and sexual attraction to other persons.

NAME OF APPLICANT(S):  
AGENCY NAME:

ETHNICITY							
LANGUAGE							
MARITAL STATUS							
*SSN							

Are any children in your household, who are in foster care, awaiting adoption finalization?

☐ No ☐ Yes *If yes, please explain:*

Are any children in your household, who are not in foster care, awaiting adoption finalization?

☐ No ☐ Yes*If yes, please explain:*

OTHER CHILDREN (UNDER 18) RESIDING OUTSIDE THE HOUSEHOLD	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO APPLICANT
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☐ N/A

	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

ADULT CHILDREN RESIDING OUTSIDE THE HOUSEHOLD	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO APPLICANT
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☐ N/A

	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

BOARDERS/RENTERS	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
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☐ N/A

	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

PETS/OTHER ANIMALS – TYPE PER LOCAL ORDINANCE	VACCINATED?	LICENSED?
--	-------------	-----------

☐ N/A

	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**FOSTER/ADOPTIVE PARENTING EXPERIENCE**Are you currently an approved adoptive parent? ☐ No ☐ Yes



NAME OF APPLICANT(S):  
AGENCY NAME:*If yes, please provide approval date(s), the approving agency name(s) and contact information.*

APPROVAL DATE	APPROVING AGENCY	CONTACT INFORMATION
/ /		
/ /		
/ /		

Have you previously applied to be a foster or adoptive parent in this state or another state?

☐ No ☐ Yes*If yes, please provide agency name(s) and contact information.*

AGENCY	CONTACT INFORMATION

Were you accepted, withdrawn or denied? ☐ Accepted ☐ Withdrawn ☐ Denied*If withdrawn or denied, what was the reason?*

Have you had a foster parent certification or approval revoked, suspended, surrendered or lapsed?

☐ N/A ☐ No ☐ Yes*If yes, what was the reason?***TRANSPORTATION**

What are your plans for transporting the child as needed?

If your answer was "personal vehicle":

Do you have a:

**Proof Provided?**Valid driver's license? ☐ No ☐ Yes*If yes, expiration date:* / /☐ No ☐ YesValid car insurance? ☐ No ☐ Yes*If yes, expiration date:* / /☐ No ☐ YesValid registration? ☐ No ☐ Yes*If yes, expiration date:* / /☐ No ☐ YesValid inspection? ☐ No ☐ Yes*If yes, expiration date:* / /☐ No ☐ Yes**REFERENCES**

List three references who can serve as personal references.

NAME	ADDRESS	PHONE/EMAIL ADDRESS

**EMPLOYMENT INFORMATION**

CURRENT EMPLOYER:

START DATE:

EMPLOYER ADDRESS:

CITY:

STATE:

ZIP CODE:

POSITION:

SCHEDULE:

EMPLOYER CONTACT NAME:

EMPLOYER CONTACT NUMBER:

EMPLOYER CONTACT EMAIL:

**EMPLOYMENT HISTORY**

NAME OF APPLICANT(S):  
AGENCY NAME:

Employer:

Dates of employment:       /       /       To       /       /

Position:

Hours worked per week:

Reason for leaving:

Employer:

Dates of employment:       /       /       To       /       /

Position:

Hours worked per week:

Reason for leaving:

Employer:

Dates of employment:       /       /       To       /       /

Position:

Hours worked per week:

Reason for leaving:

**HOME BUSINESS INFORMATION**

Do you operate a business out of your home?

☐ No    ☐ Yes*If yes,*

- a. *What are the hours of operation?*
- b. *Do you have a license for any of the businesses in your home?*
- c. *Describe:*

Do you operate a child care/ day care program in your home?

☐ No    ☐ Yes*If yes,*

- a. *What are the hours of operation?*
- b. *Number of children?*
- c. *Describe:*

Do you operate a Family-Type Home for Adults?

☐ No    ☐ Yes*If yes:**Describe:***PLAN FOR SUPERVISION**

What are your plans for supervision of a child(ren) when you are not available (i.e., during work hours, after school, summer, etc.)?

**EDUCATION HISTORY**

HIGHEST EDUCATION COMPLETED: ☐ Grade School    ☐ High School    ☐ TASC (GED)    ☐ Associate's Degree  
☐ Bachelor's Degree    ☐ Master's Degree    ☐ Ph. D.    ☐ Other:

*Provide Details [such as name of school(s)/college(s)/university(ies); major(s)/course of study(ies); years of attendance; graduation date(s)]:***FINANCIAL INFORMATION**

INCOME FROM EMPLOYMENT (verified by W-2 or 1040):

OTHER INCOME AND SOURCE:

☐ PA    ☐ SSI    ☐ SSD    ☐ Disability    ☐ Child Support☐ Other, specify:

NAME OF APPLICANT(S):  
AGENCY NAME:

TOTAL MONTHLY INCOME:		
<b>MONTHLY EXPENSES:</b>		
Is your family experiencing any financial stressors (i.e., foreclosure, bankruptcy, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please explain:</i>		
Does your family have medical insurance coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes		
► rent/mortgage	\$	
► utilities (including phones and cable)	\$	
► car payments	\$	
► car insurance	\$	
► other insurance	\$	
► loans/debts, credit cards	\$	
► food, clothing, etc.	\$	
► entertainment	\$	
<b>Total monthly expenses</b>	\$	
APPLICANT'S SIGNATURE: <b>X</b>		DATE: / /

<b>SWORN STATEMENT – One per applicant</b>			
Please answer the questions below in full.			
LAST NAME:		FIRST NAME:	MIDDLE NAME:
MAIDEN NAME OR ANY OTHER ALIAS:			
CURRENT MAILING STREET ADDRESS:		CITY:	STATE: ZIP CODE:
1. Have you ever been convicted of a crime within New York State or any other jurisdiction or state? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, provide an explanation for each crime for which you were convicted of, including the type of crime, the location, the date and circumstances:</i>			
2. Has any person age 18 or older currently residing in the home ever been convicted of a crime within New York State or any other jurisdiction or state? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, provide an explanation for each crime for which the person(s) was/were convicted of, including the type of crime, the location, the date and circumstances:</i>			
<b>To the best of my knowledge, I hereby affirm that the information provided above is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in disqualification as an applicant for deliberately presenting false or misleading information.</b>			
APPLICANT'S SIGNATURE: <b>X</b>			DATE: / /



Additional Information	Applicant 1	Applicant 2
Are you currently in counseling? Have you been in counseling in the last year?	Yes [ ] No [ ]	Yes [ ] No [ ]
Have you ever been hospitalized? If you have, please indicate below the date(s) and reason(s).	Yes [ ] No [ ]	Yes [ ] No [ ]
Are you currently pregnant or currently pursuing pregnancy/surrogacy?	Yes [ ] No [ ]	Yes [ ] No [ ]
Do you have any health issues or take medication?	Yes [ ] No [ ]	Yes [ ] No [ ]
Have you ever been arrested-even if charges were dismissed, continued without a finding or records expunged?	Yes [ ] No [ ]	Yes [ ] No [ ]
Do you have a history of substance/alcohol abuse?	Yes [ ] No [ ]	Yes [ ] No [ ]
Do you have a history of domestic violence, even if an arrest did not occur?	Yes [ ] No [ ]	Yes [ ] No [ ]
Have you ever been physically or sexually abusive to a child?	Yes [ ] No [ ]	Yes [ ] No [ ]
Has a child abuse/neglect report ever been filed against you?	Yes [ ] No [ ]	Yes [ ] No [ ]
Have you ever applied to adopt in the past and terminated the process, been turned down or rejected for adoption?	Yes [ ] No [ ]	Yes [ ] No [ ]
Have you ever had a home study completed in the past? If you have, please indicate below the name of the agency and the year it was completed.	Yes [ ] No [ ]	Yes [ ] No [ ]
Have you ever transferred or received permanent custody of a child outside of the state/local authorities or outside of the state/local process, relinquished or lost custody of a child?	Yes [ ] No [ ]	Yes [ ] No [ ]
Have you ever been refused visa clearance?	Yes [ ] No [ ]	Yes [ ] No [ ]
<b>If you answered yes to any of the above questions, please explain below and add additional pages if needed:</b>		

**Does anyone residing in your home:**

- have an arrest record
- have a medical condition
- have a history of substance/alcohol abuse, domestic violence (even if an arrest did not occur)
- been physically or sexually abusive to a child
- applied to adopt, completed a home study, been turned down or rejected for adoption
- transferred or received permanent custody of a child outside of the state/local authorities, outside of the state/local process, relinquished or lost custody of a child
- been refused visa clearance?

Yes [ ] No [ ]

**If anyone residing in the home has answered “yes” to any of the above questions, please explain:**

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Please list all of the states and countries in which you and other adults in the home have lived or worked since age 18.

- Include places you have lived more than one (1) month.
- Circle all states that you have lived in for the past five (5) years.

**Applicant 1: (include all version of your name i.e. married/maiden/alias)**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_

List all states lived in since the age of 18 and the years you lived there:

\_\_\_\_\_

List all states worked in since the age of 18 and the years you worked there:

\_\_\_\_\_

**Applicant 2: (include all versions of your name i.e. married/maiden/alias)**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_

List all states lived in since the age of 18 and the years you lived there:

\_\_\_\_\_

List all states worked in since the age of 18 and the years you worked there:

\_\_\_\_\_

**Others in the home over the age of 14: include all versions of your names**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_

List all states lived in since the age of 18 and the years you lived there:

\_\_\_\_\_

List all states worked in since the age of 18 and the years you worked there:

\_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_

List all states lived in since the age of 18 and the years you lived there:

\_\_\_\_\_

List all states worked in since the age of 18 and the years you worked there:

## Adoption Services

**What AFC services are you interested in applying for?**  
*Please indicate all services applicable.*

### International Adoption [ ]

Please list Country: \_\_\_\_\_

[ ] **Home Study and Post-Placement/Post-Adoption Services:** Alliance for Children will complete home study and post-placement/post-adoption services, and no other services.

[ ] **Post-Placement/Post-Adoption Services Only:** Due to a move or change in original home study agency, Alliance for Children will complete post-placement/post-adoption services.

**\*If you are interested in an international adoption, you must have a primary provider agency prior to beginning your home study, and must provide the written agreement with that agency to Alliance for Children. You must continue to work with that primary provider throughout your adoption process and agree to notify Alliance for Children if your primary provider changes.**

[ ] **International Placement:** Alliance for Children will provide placement services from one of our international programs, as indicated by family. Please make note of your home study agency within this application.

### Domestic Adoption [ ]

[ ] **Home Study and Post-Placement/Post-Adoption Services:** Alliance for Children will complete home study and post-placement/post-adoption services, and no other services.

[ ] **Interest in Alliance for Children's Domestic Placement Program:** Alliance for Children may provide placement services.

**\*If you have indicated interest in Alliance for Children's Domestic Placement Program, please note that pending the volume of interested applicants, there may be an increase in initially anticipated wait times, with the possibility of being placed on our wait list. When your home study is near completion, you will connect with our Domestic Team to review your family's specific situation, at which time we will review availability in our program. We cannot guarantee availability in our program at time of home study completion.**

[ ] **Domestic Assist:** Per referral from an adoption attorney/agency, or due to special circumstances, Alliance for Children will provide assist services for your domestic adoption.

[ ] **Post-Placement/Post-Adoption Services Only:** Due to a move or change in original home study agency, Alliance for Children will complete post-placement/post-adoption services.

## Domestic and International Adoption

Please indicate your openness to the below:

What age child would you like to adopt?	0 -12 months <input type="checkbox"/> 1-3 years <input type="checkbox"/> 4 – 6 years <input type="checkbox"/> 7 yrs or older <input type="checkbox"/>
Would you consider adopting a child with special needs or medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you consider adopting twins?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you consider adopting a sibling group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you consider adopting a child of a different race/ethnicity than your own? If yes, please provide more details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Circumstances, Comments, Notes:

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How did you hear about Alliance for Children? \_\_\_\_\_

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Please indicate if you have connected with AFC staff, received our information packet and explanation of fees: ☐ Yes ☐ No

Date & Name of AFC Staff Member: \_\_\_\_\_

Did you attend an informational meeting? ☐ Yes ☐ No

Date of Meeting: \_\_\_\_\_



<b>Outside Placement Agency/Primary Provider</b>
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If you are requesting home study and post-placement/post-adoption services from Alliance for Children but are working with another agency for placement, please complete the following section:

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
(No./Street) (Town/City) (State) (Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Home Study Agency Information</b>
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If you are working with another agency to complete your home study and are applying to work with Alliance for Children for placement services, please complete the following section.

Home Study Agency: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
(No./Street) (Town/City) (State) (Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Estimated date home study will be finished: \_\_\_\_\_

<b>Adoption Attorney Information</b>
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If you are working with an adoption attorney for placement, please complete the following section:

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_  
(No./Street) (Town/City) (State) (Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Signature Page

*If you have any questions about qualifications/criteria/special circumstances, please request a copy of the Agency's Adoption Home Study Policies*

Incomplete applications cannot be processed, and will be returned if a full, complete application is not received by the agency two (2) weeks after submitting the initial, incomplete application.

I understand that programs are always changing and may open, close, or go on hold at any time. If I have any questions, I will contact the agency and discuss them prior to sending in my application.

I understand that I must submit a non-refundable application fee with this application. Once this application is received, I will be billed for services. I am aware of the fees for the services I am requesting. If I have any questions about fees, I will ask them before submitting my application.

I have answered all questions truthfully and to the best of my ability. I understand that falsifying information, omitting information, or not responding to these questions honestly is grounds for termination of services. I further understand that I will need to provide notarized copies of any and all court records that I have, and that these records will be sent to Immigration as part of its approval process for all international adoptions. I understand that I must notify Alliance for Children within 30 days if any of the above information changes.

### **For home study applicants:**

I agree to comply with all of Alliance for Children's policies and procedures, including the following:

- If I have any health or financial issues, I will provide all additional documentation as requested.
- If I have any arrests or court-related issues, I will provide all additional information, including court dispositions, as requested—even if an action was dismissed, expunged or I was found not guilty.
- An adoption clinician will need to speak individually with every household member age 5 and over, or younger if required by your state of residence, will need to meet all household members and will need to be in contact with all children/adult children not living in the home.
- If I do not begin my home study within six (6) months of submitting my application, I will need to reapply and submit a new application fee. Further, if my home study is not complete within twelve (12) months of submitting the application, I will need to pay for a home study update and provide additional documentation to maintain an active file.

### **For all applicants:**

I agree to comply with Alliance for Children's policy regarding discipline. This includes not spanking a child or using other forms of corporal punishment, restricting movement, confining a child in small or locked area, withholding food, rest or toilet use, verbally abusing a child, and/or using any other means of discipline that is designed to humiliate, embarrass, or denigrate a child, his/her birth family, heritage, or ethnicity. This policy extends not only to the adopted child, but to all children residing in the adoptive home.

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Print Name  
Applicant 1

Date

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Print Name  
Applicant 2

Date

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Sign Name  
Applicant 1

Date

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Sign Name  
Applicant 2

Date